DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1946

Registration District No. 27

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8005

State File No. 39561

Registrar's No. 99

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Adrian
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Milissa Ann Gragg

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wid

6. (b) Name of husband or wife: James F. Gragg

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: May (Month) 16 (Day) 1854 (Year)

8. AGE: Years 92 Months 6 Days 13 If less than one day hr. min.

9. Birthplace: Nakomis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Retired Housewife

11. Industry or business

MOTHER FATHER

12. Name: Thaduas Evans

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Laxinid Darnall

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Carl Laycock

(b) Address: Adrian Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Lareath & Sif

(b) Address: Adrian Mo

19. (a) 12-9-46 (Date received local registrar) (b) Randell Kersey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Nov. 22, 19 46, to Nov. 28, 19 46 that I last saw he alive on Nov. 28, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock

Due to: Fractured hip, neck of femur

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Nov. 22, 1946

(c) Where did injury occur? Adrian, Bates Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury: Fall

23. Signature: E. E. Robinson (M.D. or other)

Address: Adrian, Mo. Date signed 11-30-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-46-31-69
Date Filed 12-27-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Fred W. Creath, Registered Apprentice No. ..... working under my personal supervision.

Signed Fred W. Creath

Licensed Embalmer No. 3343

P. O. Address Adrian, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.